** PUBLIC DISCLOSURE COPY **

Department of the Treasury

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

Dpen to Public Inspection

A F	or the	2010 calendar year, or tax year beginning OCT 1, 2010 and ending	g S	EP 30, 2011					
B C	neck if	C Name of organization		D Employer identific	ation number				
	Address change	CAMPAIGN FOR COMMUNITY CHANGE	l						
	Name change	Doing Business As		27-0	061100				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/	/suite	E Telephone number					
	Termin-				339-3900				
	Jated Amende			G Gross receipts \$	6,435,321.				
	Jreturn Applica		i	H(a) Is this a group re					
	Ition pending			for affiliates?	Yes X No				
SAME AS C ABOVE H(b) Are all affiliates included? Yes									
	27.070	mpt status: 501(c)(3)	527	• •	list. (see instructions)				
		WWW.CAMPAIGNFORCOMMUNITIES.ORG		H(c) Group exemption	•				
		organization: X Corporation			State of legal domicile: DC				
		Summary	T O CAT C	. To the design of the second					
		Briefly describe the organization's mission or most significant activities: SEE PAR'	тт	TT. LINE 1.					
Activities & Governance		of the describe the digutization a mission of most significant activities.							
la	2 (Check this box if the organization discontinued its operations or disposed of	more	than 25% of its net as	sets.				
ķ		Number of voting members of the governing body (Part VI, line 1a)		i i	11				
တ္		Number of independent voting members of the governing body (Part VI, line 1b)			11				
•ජ ග		otal number of individuals employed in calendar year 2010 (Part V, line 2a)			19				
ij		Fotal number of volunteers (estimate if necessary)			5				
英		Total unrelated business revenue from Part VIII, column (C), line 12		.,,,,	0.				
Ä		Net unrelated business taxable income from Form 990-T, line 34			0.				
	ינו	Net difference business taxable income norm officers, and or	T	Prior Year	Current Year				
Revenue	0 (Contributions and grants (Part VIII, line 1h)		7,147,759.	6,364,875.				
		Program service revenue (Part VIII, line 2g)		0.	68,423.				
ķer		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	1	1,475.	1,023.				
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	F	0.	1,000.				
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	[7,149,234.	6,435,321.				
		Grants and similar amounts paid (Part IX, column (A), lines 1·3)		3,558,819.	2,254,141.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
4.5		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)		278,644.	375,710.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ĕ		Fotal fundraising expenses (Part IX, column (A), line 25) 192,742.		<u> </u>					
퐀		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		3,639,837.	3,119,944.				
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,477,300.	5,749,795.				
		Revenue less expenses. Subtract line 18 from line 12	-	-328,066.	685,526.				
- KS	19 l	Revenue less expenses, Subtract line 16 from line 12	Red	ginning of Current Year	End of Year				
anci	00	Fotal assets (Part X, line 16)		3,589,244.	3,589,236.				
Asse	-	Fotal assets (Part X, line 16) Fotal liabilities (Part X, line 26)		1,049,707.	364,173.				
Net Assets or Fund Balances		Net assets or fund balances. Subtract line 21 from line 20		2,539,537.	3,225,063.				
	ırt II	Signature Block		273037337	0 / 2 2 0 / 0 0 0 0				
		ties of perjury, I declare that I have examined this return, including accompanying schedules and s	stateme	ents, and to the best of my	v knowledge and belief, it is				
true	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer	has any knowledge.	,				
ii ue,	COLLEC	Man H. Lessur	- p	1899	12				
Cia.	_	Signature of officer		Date					
Sig:		MARY M. DASSEN, MANAGING DIRECTOR							
пеі	۱ ا	Type or print name and title		4 (
		Print/Type preparer's name Preparer's signalure	10	ate Check	PO1003787				
Paid		Time type proparer a mane		S 7 (Lift self-employe	- r 01003/8/				
	агег	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN					
	Only	Firm's address 4550 MONTGOMERY AVE SUITE 650N		THIN S CIT					
ರಾಜ	Only :	BETHESDA, MD 20814-2930_		Phone no. (301) 951-9090				
N 4 - 1	. 41a a 15	OC discuss this veture with the preparer shown above (see instructions)		11 110110 110. 1	X Yes No				

032002 12-21-10

SEE SCHEDULE O FOR CONTINUATION(S)

4e Total program service expenses ► 5,149,704.

Form 990 (2010) CAMPAIGN FOR COMMUNITY CHANGE
Part IV Checklist of Required Schedules

1 is the organization decomped in section 501(qX) or 4647(qX) (their than a private foundation)? 2 is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization required to complete Schedule B, Schedule of Contributors? 4 Section 501(qX) organizations. Did the organization angage in debuying activities on heralf of or in opposition to candidates for public officer? 11/45, "Complete Schedule C, Part II." 5 Is the organization assertion. 501(qX) organization angage in lobbying activities, or have a section 501(fy) election in effect during the text year? 11/45, "Complete Schedule C, Part II." 5 Is the organization assertion 501(qX), 501(qX), or 501(qX) organization that receives membership dues, assessments, or aimlar amounts as odificion in feveruran Produces 9819 ft" 11/45, "Complete Schedule C, Part II." 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide activities on the distribution or investment of amounts in such funds or accounts of "14/45," complete Schedule D, Part II. 7 Did the organization maintain collections of works of art, historical treasures, or other similar asserts? If "14/45," complete Schedule D, Part II. 8 Did the organization maintain collections of works of art, historical treasures, or other similar asserts? If "14/45," complete Schedule D, Part II. 9 Did the organization maintain collections of works of art, historical treasures, or other similar asserts? If "14/45," complete Schedule D, Part IV. 10 Did the organization maintain and the part II. In 14/4 Did the organization maintain activities or through a related organization organization asserts and amounts in ordanization. Part II. In 14/4 Did the organization organization asserts are anything to the part II. In 14/4 Did the organization organization asserts organization asserts are approached by the part II. In 14/4 Did the organization organization asserts of breath asserts reported in Part IX, In 16/4 Did the organi				Yes	No
2 Is the organization engage in direct or indisect political campaign activities on behalf of an opposition to candidates for public office? If "Nes," complete Schedule C, Part I as excellent SOI (b)(3) organizations. Did the organization engage in lobbying activities on behalf of an opposition to candidates for public office? If "Nes," complete Schedule C, Part II as the organization assection SOI (b)(3) organizations. Did the organization region in obtaining a mount as defined in Revenue Procedule S. Part II as the organization assection SOI (b)(6), or SOI (c)(6), or	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2 Is the organization required to complete Schedule of Contribution? 2 Did the organization and index of in index of political campaign activities on behalf of or in opposition to candidate for public office? If "Yes," complete Schedule G, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ty) election in effect during the tax year? If "Yes," complete Schedule G, Part II 5 Section 501(c)(4) Solition (1) (1) (2) (5) (5) (5) (5) (5) (6) (5) (6) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7			1		X
Section 50 (R) (Na) canabatana Did the organization engage in bibbying activities, or have a section 50 (Pr) election in offect during the tox year? If "Yes," complete Schedule C, Part II 4 N/A	2		2	X_	
4 N/A 5 Is the organization a section 50 (E)(A) organization engage in lobbying activities, or have a section 50 (P) election in orfect during the tax year? If "Yes," complete Schedule C, Part II I I I I I I I I I I I I I I I I I	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year 'if 'Yes,' complete Schedule C, Part II . Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 88 19? If 'Yes,' complete Schedule C, Part III . Did the organization maintain any down advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts III 'Yes,' complete Schedule D, Part II . Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historical structures II' Yes,' complete Schedule D, Part III . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part IV . Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide creat counseling, dott management, credit repair, or doth negotiation services? If 'Yes,' complete Schedule D, Part IV . Did the organization's enswer to any of the following questions is 'Yes,' then complete Schedule D, Part IV . Did the organization report an amount for investments or other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 19 If 'Yes,' complete Schedule D, Part VIII . Did the organization report an amount for investments or other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 19 If 'Yes,' complete Schedule D, Part XII . Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16 If If 'Yes,' complete Schedule D, Part X X . Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16 If If 'Yes,' complete Schedule D, Part X X . Did the organizatio		public office? If "Yes," complete Schedule C, Part I	_3_	X	
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10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, VII, VII, VII, VII			9		X
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Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17	10		16		x
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Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization operate one or more hospitals? If "Yes," complete Schedule H	••		17		X
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b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	20a				1
	_		20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		103	140
21	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		- 11	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			23
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		Х
04.	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	_23_		-21
24a				
	last day of the year, that was issued affer December 31, 2002? If "Yes," answer lines 24b through 24d and complete			₩.
,	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X_
Ç	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
_	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
٠.	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
а	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
00	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
36		26	N/	Δ
^-	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_36	TA \	
37	· ·	27		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	00	v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Enter the number oported in Box 3 of Form 1396, Enter 0- if not applicable 1.0 0 Enter the number of Forms W20 included in line 1s. Enter 0- if not applicable 1.0 0 Enter the number of Forms W20 included in line 1s. Enter 0- if not applicable 1.0 0 Enter the number of symbol backup with with backup with with a was a with a was a with a was a w		Check if Schedule O contains a response to any question in this Part V			
to Enter the number operated in Box 3 of Form 1996. Enter 0 if not applicable 10.0 0 Could the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winning to protee without 2.2 2 19 2 Enter the number of temployees reported on Form W3, Transmittal of Wage and Tax Statements, 2.2 19 3 If at lead not is reported on fine 2.2 did the organization fleed irequired foreral employment tax returns? 2.2 X Note. If the sum of lines 1 and 2 at is greater than 250, you may be required to re-de, (see instructions) 3.1 bit the organization have unrelated business gross income of \$1,000 or more during the year? 3.3 X 3.2 bit the organization have unrelated business gross income of \$1,000 or more during the year? 3.3 X 3.3 bit the organization have unrelated business gross income of \$1,000 or more during the year? 3.3 X 3.4 bit the organization have unrelated business gross income of \$1,000 or more during the year? 3.3 X 3.5 bit Yes, "has It lifed a firm 990-T for this year? If "No," provide an explanation is Schedule County in the organization have an interest in, or a significant or orther authority over, a financial account, in a threign country level, as a bank account, securities account, or other financial accounts? 5.5 Was the organization and party to a porthibid tax sharker transaction at any time during the tax year? 5.6 Life Yes, "to line 5 a or 6, did the organization fine Form 899-T2 5.6 Life Yes, "to line 5 a or 6, did the organization fine Form 899-T2 6. Life Yes, "to line 5 a or 6, did the organization fine Form 899-T2 6. Life or granization have unrelated with every societation an express statement that such contributions or gifts were not tax deductible? 6. Very the organization has a party to a porthibid tax sharker transaction any organization societal to line programmation society and the value of the goods or services provided 7.2 by If Yes, "to line 5 a or 6, did the organization file Form 899-T2 6. Did the organization hase					Na.
b Enter the number of Forms W26 included in line 1a. Enter of 1i not applicable OIX the organization comply with backsp withholding ulse for reportable payments to vendors and reportable garning (gamining) winnings to prize winners? 25. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, line of the complex of	4.	Enter the number reported in Pay 2 of Form 1006 Enter 0 if not applicable		res	140
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Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			12a		
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Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	13				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 17e 18b 18c 19c 19c 19c 19c 19c 19c 19c	а		13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b				
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			4.0		7.7
					Λ
	b	if ites, rias it filed a Form /20 to report these payments / if iwo, provide an explanation in Schedule O		gan	2010)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
1 1a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		_X_
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►ID, LA, MS, MO			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ıncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨	-	
	RYAN YOUNG - 202-339-3900			
	1536 U STREET, N.W., WASHINGTON, DC 20009		000	
		Form	990 (2010)

032006 12-21-10

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ta Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)				2)			(D)	(E)	(F)	
Name and Title	Average	١,		Pos				Reportable	Reportable	Estimated	
	hours per week (describe	<u> </u>		k all 1	that	app		compensation from the	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the	
· 	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIGC)	organization and related organizations	
DEEPAK BHARGAVA											
EXECUTIVE DIRECTOR	5.00	X		X				0.	0	0	
HENRY J. FERNANDEZ											
BOARD CHAIR	1.00	X	-	X				0.	0.	0	
MIALISA BONTA											
BOARD MEMBER	1.00	X	-	-				0.	0.	0	
ED BOOTH	1 00	,,,							0		
BOARD MEMBER	1.00	X	-	-	-	+-		0.	0.	0	
HEATHER BOOTH	1.00	\					Ì	0.	0.	0	
BOARD MEMBER	1.00	\uparrow	-	-	-	-	-	0.	<u>U .</u>	U	
TOM CHABOLLA	1.00	v						0.	0.	0	
BOARD MEMBER MATTHEW KLEIN	1.00	71			 	\vdash					
BOARD MEMBER	1.00	X						0.	0.	0	
ALI NOORANI											
BOARD MEMBER	1.00	X						0.	0.	0	
KENNETH E. REEVES											
BOARD MEMBER	1.00	X						0.	0.	0	
SUSAN SANDLER										_	
BOARD MEMBER	1.00	X	-	 	-			0.	0.	0	
JANET SHENK									_		
BOARD MEMBER	1.00	X						0.	0.	0	
		_									

(A) Name and title	(B) Average			(C Posi	C) itior	1		(D) Reportable	(E) Reportable	Ε	(F) Estimate	 ed
	hours per week (describe hours for related organizations in Schedule O)	istee or director	Institutional trustee	all t		Highest compensated &		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W·2/1099·MISC)	cor or aı	emount other mpensa from th ganizat nd relat ganizati	ition e ion ed
										-		
										-		
1b Sub-total c Total from continuation sheets to Part.	VII, Section A							0.	0			0.
d Total (add lines 1b and 1c) Total number of individuals (including but compensation from the organization							no re	eceived more than \$100	0,000 in reportable	•		0.
Did the organization list any former office	r, director or tru	stee	, key	/ em	olqr	yee,	or h	nighest compensated er	nployee on		Yes	No
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the sand related organizations greater than \$1	sum of reportab	le co	mpe	ensa	ation	n and	oth	ner compensation from		3		<u>X</u>
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," co	accrue compe	nsat	ion f	rom	any	y unn	elat	ed organization or indiv		5		X
Section B. Independent Contractors 1 Complete this table for your five highest of	compensated in	depe	ende	nt c	ont	racto	rs t	hat received more than	\$100,000 of compe	nsation	from	-
the organization. (A) Name and busines	s address							(B) Description of s	ervices		(C) ensatio	n
FISSION STRATEGY 6201 14TH STREET, NW, WA	ASHINGTO	, I.	D(C_2	20	011	L_(CONSULTING		2:	20,3	29.
												
Total number of independent contractors \$100,000 in compensation from the organ		ot li	mite	d to	tho	se lis	sted	l above) who received n	nore than		000	
										Forn	n 990 (2010)

		Statement of Hever			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e	Fundraising events Related organizations	1b 1c 1d ions) 1e ts, and	6364875.				
onti nd c	g				6064075			
9 0	h	Total. Add lines 1a-1f			6364875.			
d)	2 a	FEES FOR SERVIC	'F	Business Code 900099	68,415.	68,415.		
Š	∠ a b			900099	8.	8.		
Ser	c			3 3 3 3 3 3				
am	d							
Program Service Revenue	е							
۵	f	All other program service reve			60.400			
		Total. Add lines 2a-2f			68,423.			
	3	Investment income (including other similar amounts)	· ·		1,023.			1,023.
	4	Income from investment of ta			1,025			
	5	Royalties	, .	· -				
			(i) Real	(ii) Personal				
	6 a							
	b			 				
	C	, , , , , , , , , , , , , , , , , , , ,						
		Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other				
1	, ,	assets other than inventory	(ly Goodingo	(My GENE)				
	b	Less: cost or other basis						
ŀ		and sales expenses						
ĺ		Gain or (loss)						
		Net gain or (loss)		·····				
Other Revenue	8 a	Gross income from fundraisin including \$	of					
Re.		contributions reported on line Part IV, line 18		1,000.				
iher.	h	Less: direct expenses						
ᅙ		Net income or (loss) from fund			1,000.			1,000.
		Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from garr		·····				
	10 a	Gross sales of inventory, less and allowances						
	h	Less: cost of goods sold		1				
		Net income or (loss) from sale						
İ		Miscellaneous Revenu		Business Code			· · · · · · · · · · · · · · · · · · ·	
	11 a							
	b							
	C							
		All other revenue						
	e 12	Total. Add lines 11a-11d Total revenue. See instructions.			6435321.	68,423.	0 .	2,023.
03200	9	TOTAL TOTOTINO, OUR INSURACIONS.				JO, 125 •		Form 990 (2010)

Form 990 (2010) CAMPAIGN FOR COMMUNITY CHANGE Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must composit include amounts reported on lines 6b,	olete column (A) but are r (A) Total expenses	not required to complete (B) Program service	e columns (B), (C), and (D) (C) Management and	. (D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,254,141.	2,254,141.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22		·		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				- purple specified in the specified specified in the specified spe
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	29,244.	29,244.		<u>. </u>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	296,631.	296,631.		
В	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	10,147.	10,147.		
9	Other employee benefits	12,057.	12,057.		
10	Payroll taxes	27,631.	27,631.		
11	Fees for services (non-employees):				
а					
b		17,467.	12,997.	4,470.	
С	Accounting	930.		930.	
d					
e	0 () () () () () () () () () (
f	Investment management fees				
g		2,172,713.	1,673,935.	334,043.	164,735.
12	Advertising and promotion	24,126.	24,126.		'
13	Office expenses	62,642.	50,324.	9,351.	2,967.
14	Information technology	20,488.	16,579.	2,449.	1,460.
15	Royalties				
16	Occupancy	117,518.	86,384.	19,477.	11,657.
17	Travel	94,026.	91,097.	2,929.	
18	Payments of travel or entertainment expenses	<u> </u>	,	_ /	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20,522.	13,569.	6,953.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,624.	15,064.	3,439.	2,121.
23	Insurance	23,242.	7,715.	14,479.	1,048.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	DIIDI TO OURDERACH	477,816.	477,816.		
b	DECEMBER WALL DEFENDE	24,027.	17,535.	4,042.	2,450.
c	DEDATED C MATNERNANCE	15,990.	11,663.	2,671.	1,656.
d	DECEMBER OF STREET	14,014.	9,155.	279.	4,580.
e	IIA DDEIA DD / CODDEIA DD	5,488.	5,488.		=,
f	All other expenses	8,311.	6,406.	1,837.	68.
25	Total functional expenses. Add lines 1 through 24f	5,749,795.	5,149,704.	407,349.	192,742.
26	Joint costs. Check here if following SOP	-,, , ,, ,	~ / / / 0 - 1		
20	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				5 000 0040

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,698,150.	_1	1,038,685.
	2	Savings and temporary cash investments	648,484.	2	599,497.
	3	Pledges and grants receivable, net	1,238,385.	3	1,942,500.
	4	Accounts receivable, net	4,225.	4	8,554.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
LD.		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
ASS	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		_12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,589,244.	16	3,589,236.
	17	Accounts payable and accrued expenses	1,049,707.	17	364,173.
	18	Grants payable		18	
	19	Deferred revenue		_19_	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
ia;		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		_24_	
	25	Other liabilities. Complete Part X of Schedule D	1,049,707.	25	364,173.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ► X and complete	1,049,707.	26	304,1/3.
Sec	07	lines 27 through 29, and lines 33 and 34.	885,406.	27	1,033,073.
ılan	27	Unrestricted net assets Temporarily restricted net assets	1,654,131.	28	2,191,990.
Ba	28 29		1,004,101.	29	<u> </u>
nu	29	Permanently restricted net assets Organizations that do not follow SFAS 117, check here and		29	
드		complete lines 30 through 34.			
ts o	20	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund		31	
t As	32	Retained earnings, endowment, accumulated income, or other funds		32	· -
Ne	33	Total net assets or fund balances	2,539,537.	33	3,225,063.
	34	Total liabilities and net assets/fund balances	3,589,244.	34	3,589,236.
	1 9-7	Total respirator and not according palations	0/000/244.	U-T	Form 990 (2010)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Employer identification number

	CAMPAIGN FOR COMMUNITY CHANGE	27-0061100								
Organization type (che	ck one):									
Filers of:	illers of: Section:									
Form 990 or 990-EZ	X 501(c)(4) (enter number) organization									
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	n								
	527 political organization									
Form 990-PF	501(c)(3) exempt private foundation									
	4947(a)(1) nonexempt charitable trust treated as a private foundation									
	501(c)(3) taxable private foundation									
General Rule X For an organiz	01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Point of the General Rule and American Rule and Amer									
Special Rules										
509(a)(1) and	501(c)(3) organization filing Form 990 or 990 EZ that met the 33 1/3% support test of 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution on (i) Form 990, Part VIII, line 1h or (ii) Form 990 EZ, line 1. Complete Parts I and II.	_								
aggregate cor	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.									
contributions If this box is c purpose. Do n	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.									
but it must answer "No	on that is not covered by the General Rule and/or the Special Rules does not file Sch or on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990 EZ, or one filing requirements of Schedule B (Form 990, 990 EZ, or 990 PF).	and the second s								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization .

Employer identification number

CAMPAIGN FOR COMMUNITY CHANGE

27-0061100

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		- \$47,321.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$\$000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		<u>10,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		\$ <u>4,225,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u> </u>		\$ 25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

CAMPAIGN FOR COMMUNITY CHANGE

27-0061100

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 300,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8		\$ 1,118,941.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

CAMPAIGN FOR COMMUNITY CHANGE

27-0061100

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<u> </u>		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	Dodd ipaon of Honorous proporty giron	(see instructions)	
	·		
		\$	990, 990-EZ, or 990-PF) (

of Part III

Employer identification number Name of organization CAMPAIGN FOR COMMUNITY CHANGE 27-0061100 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of Part III \$1,000 or less for the year. (Enter this information once. See instructions.) > \$ (a) No. `from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held from (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2010

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Revenue Service ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

	ne of orga				Empl	oyer identification number
		CAMPAIG	N FOR COMMUNITY	CHANGE		<u> 27-0061100</u>
Pa	rt I-A	Complete if the org	ganization is exempt un	der section 501(c) or is a section 527 o	rganization.
2	Political +	expenditures	zation's direct and indirect politi	•••••	▶\$	
Pa	rt I-B	Complete if the ord	ganization is exempt un	der section 501(c)(3).	
			incurred by the organization un			
			incurred by organization manage			
			on 4955 tax, did it file Form 4720			
4a	Was a co	orrection made?				Yes No
	If "Vos "	describe in Part IV				
Pa	rt I-C	Complete if the org	ganization is exempt un	der section 501(c), except section 501(
1	Enter the	amount directly expende	d by the filing organization for s	ection 527 exempt fund	ction activities > \$	248,883.
2			nization's funds contributed to c			
	exempt t	unction activities	***************************************		▶\$	<u>597,000</u> .
3	Total exe	empt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-PO	L ,	
	line 17b				> \$	845,883.
4	Did the f	iling organization file Form	1120-POL for this year?			X Yes No
5	made pa	lyments. For each organiza tions received that were pi	mployer identification number (E ation listed, enter the amount pa comptly and directly delivered to additional space is needed, pro	id from the filing organ a separate political or	ization's funds. Also enter th ganization, such as a separa	ne amount of political
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter ·0·.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter ·0·.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990 EZ) 2010 Part II-A Complete if the orga (election under section)	ınization is exe	OR COMMUNIT	ry CHANGE on 501(c)(3) and file	27-0 ed Form 5768	0061100 Page 2
A Check ► if the filing organization	<u> </u>	liated group.			 -
	_	nd "limited control" pr	ovisions apply.		
Limits	on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influe					
c Total lobbying expenditures (add lin					
d Other exempt purpose expenditures					
e Total exempt purpose expenditures	(add lines 1c and 1c	d)			
f Lobbying nontaxable amount. Enter					
If the amount on line 1e, column (a) or		bying nontaxable an	11		
Not over \$500,000		the amount on line 16	э.		
Over \$500,000 but not over \$1,000,	000 \$100,00	00 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,50		00 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	00,000 \$225,00	00 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (ent	er 25% of line 1f)				
h Subtract line 1g from line 1a. If zero	or less, enter 0				
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than zero	on either line 1h or	line 1i, did the organi:	zation file Form 4720		
reporting section 4911 tax for this y	ear?	<u></u>			Yes No
	tions that made a s		r Section 501(h) on do not have to compl es 2a through 2f on pag		
	Lobbying Expe	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2010

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990 EZ) 2010 CAMPAIGN FOR COMMUNITY CHANGE 27-0061100 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(8	a)	(b)
	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state or				***
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?			W7W7W	
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If "Yes," describe in Part IV				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), sec	ion 501(c)	(5), or se	ction	
501(c)(6).				
			Yes	N
1 Were substantially all (90% or more) dues received nondeductible by members?		1		2
2 Did the organization make only in house lobbying expenditures of \$2,000 or less?		2	X	
	ion 501(c)			2
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if P "Yes."	ion 501(c) art III-A, lii	(5), or se ne 3 is aเ		
Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if P "Yes." 1 Dues, assessments and similar amounts from members	ion 501(c) art III-A, lii	(5), or se ne 3 is aเ		
Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if P "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ion 501(c) art III-A, lii	(5), or se ne 3 is aเ		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if P "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	ion 501(c) art III-A, lii	(5), or se ne 3 is ar		
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Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if P "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	ion 501(c) art III-A, lii tical	(5), or se ne 3 is an 1		
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Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if P "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of policexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e	ion 501(c) art III-A, lii tical	(5), or se ne 3 is an 1		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if P "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the educes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	ion 501(c) art III-A, lin tical ccess political	(5), or se ne 3 is at 1 2a 2b 2c 3		
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Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if P "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politication expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5;	ion 501(c) art III-A, lin tical ccess political	(5), or se ne 3 is an 2a 2b 2c 3 4 5	nswered	
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Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if P "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; or any additional information. PART I-A, LINE 1:	tical Access political	(5), or sene 3 is an	nswered	
Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if P "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; or any additional information. PART I-A, LINE 1:	tical Access political	(5), or sene 3 is an	nswered	
Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if P "Yes." 1	tical kcess political and Part II-B,	(5), or sene 3 is an	, complete	this
Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if P "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of policexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; or any additional information.	tical kcess political and Part II B, ED BROA	(5), or sene 3 is an	, complete	this
Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if P "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; or any additional information. PART I-A, LINE 1: CHE ORGANIZATION RAN A GET-OUT-THE-VOTE CANVASS, AIR ADVERTISING, AND MADE OTHER COMMUNICATIONS, SOME OF	ion 501(c) art III-A, Iii tical ccess political and Part IIB, ED BROA WHICH A ACTIVIT	(5), or sene 3 is an	, complete	this p

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

CAMPAIGN FOR COMMUNITY CHANGE

Employer identification number

Da	rt I Organizations Maintaining Donor Advised Funds or Other Similar Fu	2/-UU6IIUU
Par		rids of Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	2.5
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	_
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor a	dvised funds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds car	n be used only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purp	ose conferring
	impermissible private benefit?	
Par	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 9	30, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	n historically important land area
	Protection of natural habitat Preservation of a	certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the f	orm of a conservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic st	ructure
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated b	y the organization during the tax
	year >	
4	Number of states where property subject to conservation easement is located	<u> </u>
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling] of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easemer	ts during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements du	ring the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and exp	ense statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that descri	bes the organization's accounting for
	conservation easements.	
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasures, o	r Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue st	atement and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furt	nerance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue states	ment and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of	f public service, provide the following amounts
	relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for final	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	D. C. of shell in Ferry 200 Best VIII. Res 4	
	Assets included in Form 990, Part X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12:20-10

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. See	Form 990, Part X, line	e 12.		
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valuat at or end of year mark	
(1) Financial derivatives				,
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				***
(E)				<u> </u>
(F)				
(G)				
(H)				
(I)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► Part VIII Investments - Program Related. See	e Form 990 Part V lin	13		
		10 10.	(c) Method of valuat	ion:
(a) Description of investment type	(b) Book value	Cos	st or end-of-year mark	
(1)				
(2)				
(3)				10
(4)				
(5)				
(6)				
(7)				
(8)	_			
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶				
Part IX Other Assets. See Form 990, Part X, line 1				# N D = 1, 1,
	Description			(b) Book value
(2)				
(3)				
(4)				
(5)				<u> </u>
<u>(6)</u> (7)				
(8)				
(9)				
(10)				-
Total. (Column (b) must equal Form 990, Part X, col (B) line	15.)			
Part X Other Liabilities. See Form 990, Part X, li				
1. (a) Description of liability		(b) Amount		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to 2. FIN 48 (ASC 740).	25.) The organization's financial st	tatements that reports the organi	zation's liability for uncertain	tax positions under
032053 12-20-10	_			dule D (Form 990) 2010

EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS

FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO

EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FEDERAL

Schedule D (Form 990) 2010

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Schedule D (Form 990) 2010 CAN	MPAIGN FOR	COMMUNITY	CHANGE	27-0061100 Page 5
Schedule D (Form 990) 2010 CAN Part XIV Supplemental Information	n (continued)		·	
AFTER IT IS FILED.				
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SCHEDULE (Form 990) Department of the Treasury

Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public 2010

Inspection

OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▼ Attach to Form 990.

23. Schedule I (Form 990) (2010) ž Employer identification number 27-0061100 (h) Purpose of grant or assistance X Yes PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) o (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant 125,000 33,058 57 000 750,000 15,000 30,000 CHANGE (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 80-0185628 | 501(C)(4) 501(C)(3) 501(C)(3)501(c)(3) 501(C)(3) 501(C)(4) Enter total number of section 501(c)(3) and government organizations CAMPAIGN FOR COMMUNITY 74-2720710 27-0030839 52-0888113 36-3292607 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? Enter total number of other organizations CHICAGO COALITION FOR THE HOMELESS 1 (a) Name and address of organization COMMUNITY ORGANIZATION IN ACTION 70 EAST LAKE STREET SULTE 700 COLORADO PROGRESSIVE ACTION CENTER FOR COMMUNITY CHANGE ADVANCING WISCONSIN, INC or government 3518 S. EDMUNDS STREET CENTRO POR LA JUSTICIA SAN ANTONIO, TX 78210 WASHINGTON, DC 20009 1029 SANTA FE DRIVE Name of the organization 1536 U STREET, NW SEATTLE, WA 98188 MADISON WI 53701 IL 60601 DENVER, CO 80204 P.O. BOX 10449 P.O. BOX 1465 CHICAGO Part II Partl

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Page 1

(a) Name and address of c) EIN (c) IRC se organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY VOICES HEARD 115 EAST 106TH STREET, 3RD FLOOR NEW YORK, NY 10029	13-3901997	501(C)(3)	30,000.	.0		·	PROGRAM SUPPORT
COMMUNIVERSITY P. O. BOX 1339 ROCKY MOUNT, NC 27802	54-2187655	501(C)(3)	30,000.	0			PROGRAM SUPPORT
DEMOCRACIA, INC. 2915 BISCAYNE BLVD. SUITE 210 MIAMI, FL 33137	26-3355897	501(C)(4)	240,000.	0			PROGRAM SUPPORT
FAITH ACTION FOR COMMUNITY EQUITY (FACE) - C/O DREW ASTOLFI 1352 LILIHA STREET, ROOM 2 - HONOLULU, HI 96817-4697.	99-0335935	501(C)(3)	20,000.	o			PROGRAM SUPPORT
GRANITE STATE ORGANIZING PROJECT (GSOP) - C/O SARAH JANE KNOY 383 BEECH ST MANCHESTER, NH 03103	47-0873896	501(C)(3)	54,878.	0			PROGRAM SUPPORT
GRASSROOTS ORGANIZING 304 E. BRECKENRIDGE STREET MEXICO, MS 65265	43-1907795	501(C)(3)	48,058.	0			PROGRAM SUPPORT
ILLINOIS IMMIGRANT ACTION, INC. 55 E. JACKSON BLVD. SUITE 2075 CHICAGO, IL 60604	26-3187498	501(C)(4)	. 175,000.	o			PROGRAM SUPPORT
IOWA CITIZENS FOR COMMUNITY IMPROVEMENT - 2001 FOREST AVENUE - DES MOINES, IA 50311	42-1110721	501(C)(3)	36,388.	* 0			PROGRAM SUPPORT
ISAIAH C/O DORAN SCHRANTZ 2720 EAST 22ND STREET - MINNEAPOLIS, MN 55406-1315	41-1957358	501(C)(3)	7,256.	0			PROGRAM SUPPORT
LHA							Schedule I (Form 990)

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Schedule I (Form 990) CAMPATGN FOR COMMUNITY CHANGE Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	FOR COMMUNITY Assistance to Governmer	N.T.T.Y CHANGE	nizations in the Ur	nited States (Sche	dule I (Form 990), Pa		Z/-0061100 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAINE PEOPLE'S ALLIANCE 27 STATE STREET, SUITE 44 BANGOR, ME 04401	01-0383493	501(C)(4)	27,778.	*0			PROGRAM SUPPORT
METRO ORGANIZING FOR RACIAL AND ECONOMIC EQUITY - 207 WEST LINWOOD BLVD KANSAS CITY, MS 64111	20-2470054	501(C)(3)	18,333.	0			PROGRAM SUPPORT
MISSOURI RURAL CRISIS CENTER 1108 RANGELINE STREET COLUMBIA, MS 65201	43-1432033	501(C)(3)	. 677, 719.	• 0			PROGRAM SUPPORT
OHIO FAITH AND DEMOCRACY COLLABORATIVE - C/O MVOC 201 E. COMMERCE STREET SUITE 137 - YOUNGSTOWN, OH 44503	26-3064170	501(C)(4)	93,054,	•0			PROGRAM SUPPORT
ONE AMERICA VOTES C/O PRAMILA JAYAPAL 1225 - S. WELLER ST. SUITE 430 - SEATTLE, WA 98144	20-0384893	501(C)(3)	46.000	0			PROGRAM SUPPORT
	23-1985416	501(C)(3)	30 000	0			PROGRAM SUPPORT
PROMISE ARIZONA 2106 W. VAN BUREN STREET PHOENIX, AZ 85009-4508	45-2081460.	501(C)(3)	40,000.	.0			PROGRAM SUPPORT
RIGHTS FOR ALL PEOPLE 1400 DAYTON STREET AURORA, CO 80010	84-1599036	501(C)(3)	45,000.	0			PROGRAM SUPPORT
SOUTHWEST ORGANIZING PROJECT 211 10TH ST. NW ALBUQUERQUE, NM 87102	85-0368743	501(C)(3)	10,000.	• 0			PROGRAM SUPPORT
LHA							Schedule I (Form 990)

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Schedule I (Form 990) CAMPAIGN FOR COMMUNITY CHANGE Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	FOR COMMUNITY Assistance to Governmen	NITY CHANGE vernments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Pa		27-0061100 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAKE ACTION MINNESOTA 1821 UNIVERSITY AVE. W #S137 SAINT PAUL, MN 55406	20-3338691	501(C)(4)	27,500.	0	·		PROGRAM SUPPORT
THE HISPANIC INSTITUTE'S ADVOCACY PROJECT - 906 PENNSYLVANIA AVE., SE - WASHINGTON, DC 20003	27-3479771	501(C)(3)	50 000.	0			PROGRAM SUPPORT
UNIFOUR ONESTOP COLLABORATIVE (UOC) - 737 12TH STREET, SW - HICKORY, NC 28602	03-0437078	501(c)(3)	25,000.	0			PROGRAM SUPPORT
VIRGINIA ORGANIZING PROJECT 703 CONCORD AVENUE CHARLOTTESVILLE, VA 22903-5208	54-1674992	501(C)(3)	73,058,	0			PROGRAM SUPPORT
VOCES DE LA FRONTERA ACTION C/O CHRISTINE NEUMANN-ORTIZ - 1027 S. 5TH ST MILWAUKEE, WI 53204	39-2010107	501(C)(3)	50,000.	0			PROGRAM SUPPORT
WASHINGTON COMMUNITY ACTION NETWORK - 220 S. RIVER STREET, #11 - SEATTLE, WA 98108	91-1206728	501(C)(3)	49,000.	.0			PROGRAM SUPPORT
гна							Schedule I (Form 990)

27-0061100

Schedule I (Form 990) (2010)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ide the informatio	n required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: TERMS	AND	CONDITIONS OF	OF GRANT AWARD) ARE	
CAREFULLY REVIEWED; THE EXECUTIVE DIRECTOR AND/OR MANAGING DIRECTOR HAVE	DIRECTOR	AND/OR MA	NAGING DIRI	ECTOR HAVE	
THE FINAL AUTHORITY TO APPROVE THE	E AWARD.	GRANTS AR	ARE RECORDED	ACCORDINGLY,	
RESTRICTED GRANTS ARE APPLIED TO THE		PRIATE PRC	APPROPRIATE PROJECT(S) AS	INDICATED IN	
THE GRANT AGREEMENT. TO ENSURE COMPLIANCE OF	OMPLIANCE		AWARD TERMS AND CONDITIONS	CONDITIONS,	
THE PROGRESS OF GRANT-FUNDED ACTIVITIES		ARE MONITORED THROUGH	D THROUGH	(1) REGULAR	
MEETINGS WITH PROGRAM, MANAGEMENT,	DEVELOPMENT,	AND	EXECUTIVE	STAFF, (2)	
MONTHLY FINANCIAL REVIEW OF PROJECTS,	CTS, AND (3)		FINANCIAL REPORTS	S PROVIDED BY	
GRANTEES.		3.0	:		Schoduly I (Exam 000) (9040
032102 01-13-11		2			Schedule (Form 990) (2010)

Schedule I (Form 990) (2010)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization

CAMPAIGN FOR COMMUNITY CHANGE

Employer identification number 27-0061100

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROGRESSIVE MOVEMENT THAT UNITES ALL OF OUR ISSUES AND REPRESENTS THE

AUTHENTIC VOICES OF PEOPLE MOST AFFECTED BY SOCIAL AND ECONOMIC

INJUSTICE. THE CAMPAIGN FOR COMMUNITY CHANGE IS A VEHICLE TO HELP

BUILD THIS MOVEMENT. THE CORE ISSUES ADDRESSED ARE HEALTH CARE FOR

ALL, IMMIGRATION REFORM AND JOBS FOR THE COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: SECURITY THREATS.

- ORGANIZED GRASSROOTS GROUPS NATIONWIDE TO ADVOCATE FOR PASSAGE OF THE DREAM ACT, WHICH WOULD PROVIDE A PATH TO CITIZENSHIP FOR IMMIGRANT STUDENTS WHO HAD BEEN BROUGHT TO THE U.S. AS CHILDREN. ALTHOUGH THE BILL FAILED BY FIVE VOTES, THE NATIONAL DEBATE BROUGHT NEEDED PUBLIC ATTENTION TO THE PLIGHT OF THESE YOUNG IMMIGRANTS TRAPPED IN THE SHADOWS WITH NO WAY TO CHANGE THEIR CITIZENSHIP STATUS.
- GENERATED MORE THAN 2.6 MILLION CALLS AND FAXES TO CONGRESS, THROUGH
 OUR INNOVATIVE EMAIL AND TEXT-BASED RAPID RESPONSE PROGRAM FOR
 IMMIGRATION REFORM.
- EDUCATED AND EQUIPPED LOW-INCOME, RURAL AND OF-COLOR PEOPLE IN EIGHT
 STATES TO PARTICIPATE EFFECTIVELY IN THE PUBLIC DEBATE ABOUT THE FUTURE
 OF SOCIAL SECURITY, MEDICARE AND MEDICAID. THE EIGHT STATES WERE IOWA,
- MAINE, MINNESOTA, MISSOURI, MONTANA, NEW HAMPSHIRE, OHIO AND VIRGINIA.

 ORGANIZED, RECRUITED AND PROVIDED EDUCATIONAL MATERIALS TO ENABLE
- GRASSROOTS VOLUNTEERS TO CONDUCT ALMOST 200 HOUSE MEETINGS AROUND THE

COUNTRY IN WHICH FRIENDS AND NEIGHBORS GATHERED TO LEARN ABOUT THE

ECONOMY AND SHARE IDEAS FOR SOLVING THE UNEMPLOYMENT CRISIS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-EZ) (2010) Page 2 Name of the organization Employer identification number CAMPAIGN FOR COMMUNITY CHANGE 27-0061100 - PROVIDED TECHNICAL ASSISTANCE AND POLICY SUPPORT TO GRASSROOTS GROUPS IN SIX STATES (ILLINOIS, NEW YORK, NORTH CAROLINA, OHIO, PENNSYLVANIA AND VIRGINIA) TO ADVANCE STATEWIDE JOBS AND ECONOMY CAMPAIGNS. - PLAYED A LEADING ROLE IN BRINGING MORE THAN 175,000 ATTENDEES TO THE LINCOLN MEMORIAL TO DEMAND GOOD JOBS, EQUAL JUSTICE, IMMIGRATION REFORM AND OUALITY PUBLIC EDUCATION FOR ALL. THE "ONE NATION WORKING TOGETHER" MARCH THAT TOOK PLACE ON OCTOBER 2, 2010 WAS ONE OF THE MOST DIVERSE MARCHES OF ITS KIND EVER TO BE HELD ON THE NATIONAL MALL. HELPED LOCAL GRASSROOTS GROUPS IN SEVEN STATES DEVELOP THE SKILLS, LEADERSHIP AND SYSTEMS AND GAIN ACCESS TO DATA AND RESOURCES THAT ENABLED THEM TO CONDUCT NONPARTISAN EFFORTS TO INCREASE THE NUMBER OF LOW-INCOME PEOPLE AND PEOPLE OF COLOR WHO VOTE. THE STATES WERE ARIZONA, COLORADO, FLORIDA, ILLINOIS, NEVADA, WASHINGTON AND WISCONSIN. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE AUDIT COMMITTEE CHAIR. THE FULL BOARD RECEIVED A COPY OF THE RETURN PRIOR TO FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR, OFFICER, MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS, AND EMPLOYEE ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS THAT SUCH PERSON: A. HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY. B. HAS READ AND UNDERSTANDS THE POLICY. C. HAS AGREED TO COMPLY WITH THE POLICY. D. UNDERSTANDS THAT THE CORPORATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN

ENSURE THAT THE CORPORATION OPERATES IN A MANNER CONSISTENT WITH, AND DOES Schedule O (Form 990 or 990-EZ) (2010)

ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

Employer identification number Name of the organization CAMPAIGN FOR COMMUNITY CHANGE 27-0061100 NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS STATUS AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX, PERIODIC REVIEWS SHALL BE CONDUCTED TO ENSURE THAT COMPENSATION PAID BY THE CORPORATION IS REASONABLE AND RESULTS FROM ARM LENGTH TRANSACTIONS AND THAT ALL TRANSACTIONS OR ARRANGEMENTS TO WHICH THE CORPORATION IS A PARTY REFLECT REASONABLE PAYMENTS FOR GOODS OR SERVICES, FURTHER THE CORPORATION'S CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT. IF A CONFLICT ARISES, THE FOLLOWING STEPS ARE TAKEN: - ALL EMPLOYEES MUST FULLY DISCLOSE TO THE MANAGING DIRECTOR, AND THE MANAGING DIRECTOR MUST DISCLOSE TO THE EXECUTIVE DIRECTOR, ANY SITUATION IN WHICH A CONFLICT OR POTENTIAL CONFLICT EXISTS OR COULD ARISE. - EMPLOYEES WHO HAVE ANY QUESTION AS TO WHETHER AN ACTIVITY THEY WANT TO PARTICIPATE IN CONFLICTS WITH THE CENTER'S ACTIVITIES OR INTERESTS DISCUSSES THE ISSUE IN ADVANCE WITH THE MANAGING DIRECTOR - ANY VIOLATIONS OF THIS POLICY MAY RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING SUSPENSION AND TERMINATION OF EMPLOYMENT. MEMBERS ANNUALLY AGREE TO DISCLOSE TO THE BOARD IF THEY HAVE A CONFLICT FOR APPROPRIATE RESOLUTION. FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST. FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR IS COMPENSATED BY THE CENTER FOR COMMUNITY CHANGE (CCC). CCC AND THE CAMPAIGN FOR COMMUNITY CHANGE HAVE SOME COMMON BOARD MEMBERS AND SHARE STAFF AND SPACE, BUT ARE NOT CONSIDERED RELATED ENTITIES UNDER THE TAX CODE. CCC UTILIZES COMPENSATION CONSULTANTS WHO USE SALARY BENCHMARKING Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990 EZ) (2010)	Page 2
Name of the organization CAMPAIGN FOR COMMUNITY CHANGE	Employer identification number 27-0061100
AND COMPARABILITY DATA IN THEIR DETERMINATION. DELIBERATION	ONS AND
DECISIONS WERE SUBSTANTIATED.	
	W. 44.